IOWA DEPARTMENT OF NATURAL RESOURCES NPDS REPORTING SYSTEM - DISCHARGE MONITORING REPORT FACILITY INFORMATION

This form is valid 4/1/2015 to 3/31/2020

Facility Name: S	SIOUX CITY, CITY OF STP
Permit #: 9	9778001
Month/Year:	5 2018
Outfall #(s): 0	001 - DISCHARGE FROM AN ACTIVATED SLUDGE WASTEWATER TREATMENT PLANT.
Operator Name: J	oseph Fontenot
Certification #:	11684
Phone #: 7	12.279.6168
Lab Cert. #:	323
Comments: P	Please see cover email for comments. Too long to include here.
	nclude Comments longer than 1000 characters in email
Signature:	Joseph Fontie
ev sy to	certify under penalty of law that this document and all attachments were prepared under my direction or appervision in accordance with a system designed to assure that qualified personnel properly gather and valuate the information submitted. Based on my inquiry of the person or persons who manage the vistem, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are gnificant penalties for submitting false information, including the possibility of fine and imprisonment for nown violations.